

EXHIBIT 10

Antonopoulos, Steve

From: Elliot Pellman, M.D. [EPellman@ProHEALTHcare.com]
sent: Monday, September 20, 2010 3:38 PM
To: Norwig, John; Antonopoulos, Steve
Subject: FW: teleconference
Attachments: NFL Physician Liaison.doc

John, Steve:

Just as a reminder we have a teleconference scheduled for tomorrow afternoon at 4:30 PM (East Coast) to discuss the possibility of retaining medical liaisons to assist visiting team medical staffs In anticipation, and for your review, I took the liberty of putting together a list of questions/problems that have been posed to me by team physicians, ATCs and administrators along with possible responses/solutions based upon the dialogue we have all had up to this point. I am hoping that this will serve to facilitate tomorrow's discussion.

Also as a reminder call in information:

- TEL: 1 866 303-4618
- Access code: 5166226004 #.



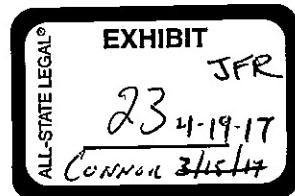
Don't hesitate to call or email beforehand if you have any questions or comments.

Thank you.

Elliot

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September 21, 2010

NFL Medical Liaison for Visiting Team Medical Staffs:

- Minimum requirements:
 - Locally licensed and DEA registered
 - Accessible day before and "shadows" visiting team medical staff game day
- Why an independent physician?
 - Competitive issues
 - Accessibility
 - Outside scrutiny
 - Ad hoc committee from TPS to ok approve candidates
- ✓ Why not the RSI physician?
 - primary responsibility is on-field intervention for a catastrophic emergency and that is inflexible
- ✓ Why an ER physician?
 - Most convenient specialty for storage and access of controlled substances for both game day and night before.
 - May not work in certain cities (need to be flexible)
 - Work with home team medical staff and/or RSI physician (recommendations)
- Several of the team physicians have verbalized a concern that the local physician may not know much about how things are typically managed with NFL players:
 - Independent and according to DEA physicians are to prescribe controlled substances in a manner that is consistent with the standard of the medical community...not the NFL medical community.
 - Each team physician different
 - Education (home team, experience, lectures, teleconferences)
 - Must be careful that we are not seen as creating NFL pharmaceutical "facilitators"
- ✓ Liability insurance?
 - Experience with RSI physicians only 1 team had issues and that was resolved
 - Varies from State to State
- ✓ Stipend?
 - League vs. Club (competitive issues if home team pays, administratively difficult if visiting teams pay)
 - Consultants often do not get paid but different as they have benefit of getting patients and PR)
 - Negotiate rate (guess \$1,000 per weekend)
- Consistent protocol:
 - Bookkeeping, standard pharmaceuticals
 - Education
 - Names and contact info listed on TPS web site
 - Game and pre-game operations
- Problems:
 - Recruitment → *Ad hoc com. to Review*
 - Complaints (Local medical staff vs. visiting medical staff vs. independent physician) with TPS committee making recommendations to League
 - Medication storage and maintaining inventory (and how to interface with Dr. Brown)
 - Field and locker room access (game credentials)
 - Confidentiality (will need to sign a confidentiality agreement)

5:30's down - Protocol sheet